Health care service being on the top of the national agenda, must be equally available to everyone at least to the minimum expected standards of excellence. Clinical governance is a framework for the continual improvement of the quality of services and standards of care. It promotes a culture of learning and development within an organisation and an environment in which “excellence in clinical care will flourish”.

Recent efforts to improve patient safety and clinical quality have included the design of reliable, safe health care systems and the enhancement of clinical care through analysis and feedback. The developing focus on the integrity and accountability of health systems through clinical governance adds to that approach.

The concept of clinical governance integrates clinical decision-making in a management and organisational framework and requires all the members of the health team to take joint responsibility for the quality of clinical care delivered by the organisation.

Involvement of Patients in Clinical Governance

Involving patients in clinical governance arrangements can serve different purposes.

At an individual level, there is increasing agreement that involving individuals in decision making about their care increases the effectiveness of their treatment.

Patient involvement can provide a means for National Health Service organisations to determine accountability to the population they serve; improve staff-patient communication, understanding and relationships; engage the specific expertise that patients have to offer, for example influencing planning, delivery and evaluation of services from the experience-based perspective of those on the receiving end of care.

Patients’ view on both the process and outcomes of care, and the measures used to assess process and outcomes, are needed to ensure that professionals do not make erroneous assumptions about the quality of care delivered. Patients can provide their own view on a range of issues, including the following:

- Living or coping with their condition.
- Access to services.
- Perceived benefits and harms of treatment and care regimes.
- Patient’s preferences for treatment options.
- How well or badly treatment and care are delivered.
- Accessibility, efficiency and effectiveness of care delivery across different sectors.
- Outcomes important to patients, including long-term ones.
- Patient information and support needs.

Patient’s experiences are considered to be a key component of clinical governance. It involves activities such as clinical audit, research and development, and clinical guidelines.

Clinical audit: The developments in clinical audit have emphasised the need to involve patients, as well as professionals in all stages of the audit cycle. Patients and their representatives can be involved at more strategic levels, for example in selecting audit topics, setting criteria and standards, monitoring, disseminating findings and implementing changes.

Research and development: Historically, patients have tended to be viewed as passive subjects of research. Patients should have full information to decide whether or not to participate in research. They can act as advisors to or as active members to the research team.

Clinical guidelines: It is defined as systematically developed statements to assist healthcare members and patient decisions about appropriate healthcare in specific clinical circumstances. In doing so they need to take into account patient values and views which are central to concepts of health, quality of life, standards of care and outcomes.

The potential usefulness of patient input at different stages is:

- **Selection of topic**: Involving
patients in selecting topics can help prioritise areas of healthcare where they feel there is more need to improve the quality of care delivered to patients, standardise the way in which care is provided or reduce inequalities in provision.

- **Focus and content of clinical governance activities:** Patients can suggest issues and concerns that need to be addressed within the context of a selected audit, research, guideline or training topic.

- **Measures to set standards and assess outcomes:** Patients can (i) identify what they consider to be acceptable and ideal levels of care, so that standards set address patient as well as quality care; (ii) ensure that outcome measures used reflect outcomes that patient consider important; and (iii) report back on the extent to which expected standards and outcomes are achieved in practice.

**Reviewing evidence:** Involving patients in reviewing and appraising research evidence ensures that research findings are critiqued from a patient as well as professional perspective.

**Improving the method of care:** Drawing up recommendations for building or improving the way in which care is delivered can help bringing changes made to services addressing patient experiences, needs and concerns. Patient can report back on whether or not changes have had the desired impact on quality.

**Structure and presentation of patient information materials:** The need for improved patient information is a formal by-product of quality-monitoring activities. Involving patients can help ensure that resources are targeted in producing relevant information in appropriate, timely and patient-friendly formats.

**Who to involve:** It depends on the following factors: (a) The activity being undertaken, (b) The inputs required from patients, (c) The knowledge, expertise and ability of patients to contribute, (d) The willingness of patients to participate.

The members involved in the local clinical governance are: Individual patients; Relatives and care givers; Advocates; Patient and community organisations; Community members and groups.

Patient involvement in clinical governance activities can be secured at different levels:

- **Passive input:** Patients provide feedback on services but have no say in what questions are asked or how the answers are interpreted and acted upon. **Active participation:** Patients identify issues that inform the ways in which information can be collected and acted upon. **Partnerships:** Patients work with professionals to determine the scope, focus and outcomes of an initiative.

**Methods for involving patients** include (i) patient surveys, (ii) case studies, observational studies, patient tracking, patient stores and diaries, (iii) workshops and conferences, (iv) patient councils and panels, and (v) consultations with patient representatives and groups.

**Choice of methods will depend on:** (i) the purpose of the initiative, (ii) the types of participating patients, (iii) staff expertise in different methodologies, and (iv) the preferences of patients for different methods.

**Organisational issues**

Many organisational issues contribute to developing an infrastructure to support patient involvement in clinical governance arrangements.

- With a clear commitment and explicit policy, all those working within an organisation, as well as patients who participate in clinical governance activities, become clear about organisation’s commitment to patient involvement.
- Induction, training and support may be needed, both for staff and for patients involved.
- User feedback on building or improving patient involvement will also contribute to a developmental approach to the organisation’s responsiveness to patient’s views.

**Conclusion**

Clinical Governance does not replace professional self-regulation and individual clinical judgment in practice. However, it adds an additional dimension that provides the public with guarantees about standards of clinical care.

**References**